

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7368</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Kyle N Brown</u> P.O. Box, Bldg., Room No., if any _____ Street <u>922 Euclid Ave</u> City <u>Toronto</u> State <u>OHIO</u> ZIP Code + 4 <u>43964</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local 246</u> Labor Organization File Number <u>041-617</u> P.O. Box, Building and Room Number, if any <u>PO Box 188</u> Street _____ City <u>Steubenville</u> State <u>OHIO</u> ZIP Code + 4 <u>43952</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kyle N Brown</u>	On <u>8/11/05</u> Date	<u>740-537-3957</u> Telephone Number

Name of Person Filing <span style="font-size: 1.2em; margin-left: 20px;">Kyle N. Brown</span>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <span style="border: 1px solid black; padding: 2px 10px;">STATE</span>  Trade Name, if any: <span style="border: 1px solid black; padding: 2px 10px;"></span>  P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px 10px;"></span>  Street <span style="border: 1px solid black; padding: 2px 10px;">626 North Court Street</span>  City <span style="border: 1px solid black; padding: 2px 10px;">Steubenville</span>  State <span style="border: 1px solid black; padding: 2px 10px;">OHIO</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px 10px;">43952</span>	9. Business deals with:  <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <span style="border: 1px solid black; padding: 2px 10px;">Same</span>  Trade Name, if any: <span style="border: 1px solid black; padding: 2px 10px;"></span>  P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; padding: 2px 10px;"></span>  Street <span style="border: 1px solid black; padding: 2px 10px;"></span>  City <span style="border: 1px solid black; padding: 2px 10px;"></span>  State <span style="border: 1px solid black; padding: 2px 10px;"></span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px 10px;"></span>	11.a. Nature of such dealing.  <div style="border: 1px solid black; padding: 10px; margin: 5px;">           Conference Reimbursement of expenses 1280.00            Graduation Dinner 100.00            Industry Apparel 100.00         </div> 11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; padding: 2px 10px;">1480.00</span>  12.a. Nature of interest held or income received.  <div style="border: 1px solid black; height: 100px; margin: 5px;"></div> 12.b. Amount. <span style="border: 1px solid black; padding: 2px 10px;"></span>
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Name of Person Filing <u>Kyle N Brown</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>FBEW LU 246 Benefit Funds</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <u>626 North Fourth Street</u></p> <p>City <u>Steubenville</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>43952</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><u>Conference Reimbursement of expenses</u></p> <p>11.b. Approximate dollar value of such dealing. <u>3369.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text"/></p> <p>12.b. Amount. <input type="text"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing <u>Kyle A Brown</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>SFLMCC</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>626 North Fourth Street</u></p> <p>City <u>Steubenville</u></p> <p>State <u>OHIO</u> ZIP Code + 4 <u>43952</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>same</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Industry Apparel 55.00</u></p> <p>11.b. Approximate dollar value of such dealing. <u>55.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>